



# Membership Application

The Italian American Club of Venice FI

P.O Box 1986

Venice, FI 34284-1986

941 486-1492

**Our Mission Statement:** The objectives of the Club shall be to develop fellowship through social and cultural activities among its members, further the aims, objectives and interests of Italian-Americans, foster and encourage knowledge of the language, art, culture and history of Italy, and to foster an understanding of that cultural heritage in our country. Also participate in charitable endeavors.

Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Club newsletter requires email address.**

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Anniversary: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

## Please select your choice of support below

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Executive Board | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Membership Chair | <input type="checkbox"/> Decorations |
| <input type="checkbox"/> Entertainment   | <input type="checkbox"/> Kitchen          | <input type="checkbox"/> Scholarship      | <input type="checkbox"/> Cultural    |
| <input type="checkbox"/> Bar             | <input type="checkbox"/> Novita'          | <input type="checkbox"/> Food Server      | <input type="checkbox"/> Parade      |
| <input type="checkbox"/> Building Maint  | <input type="checkbox"/> Social Events    | <input type="checkbox"/> Parliamentarian  | <input type="checkbox"/> Feast       |

## Italian Heritage

Applicant Yes ☐ No ☐ Birthplace: \_\_\_\_\_

Spouse Yes ☐ No ☐ Birthplace: \_\_\_\_\_

Italian Maiden Name \_\_\_\_\_

Father Yes ☐ No ☐ Birthplace: \_\_\_\_\_

Mother Yes ☐ No ☐ Birthplace: \_\_\_\_\_

Italian Maiden Name \_\_\_\_\_

All applicants signing this membership application are bound by the by-laws and rules of the Italian American Club of Venice, Inc.

Acceptance  
Date: \_\_\_\_\_

Membership  
Chairperson: \_\_\_\_\_

Initiation Fee is **50.00** and Annual Dues are **50.00** per applicant, **payable upon swearing in**. One application per person. Membership application will be reviewed by the membership committee. On acceptance you will be asked to attend an executive board meeting for an informal interview. When your application has been approved, applicant will be sworn in at the next general meeting. Thank you for your interest in the Italian American Club of Venice, Inc. Benvenuti!

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_